

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for change of Name
from Brianna's Airport Shuttle
to most wanted transportation
LLC. on taxi and charter
certificate

233582

BEFORE THE 233583
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2005-11-T
NUMBER: 2008-439-T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: Brian Badenock
Address: 122 Tally Creek Cir
Summerville SC 29483

Telephone: 843 270 6775
Fax:
Other:
Email: CHSTAXI@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers
as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must
be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of
Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

CLASS C AMENDMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 11-17-11

I have the following Certificate:

☒ Class C Taxi # 2005-11-T
☒ Class C Charter # 2008-439-T
☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: Brian Badenock DBA: Briannas Airport Shuttle
(Current Name) (Current DBA if applicable)
 TO: MOST WANTED TRANSPORTATION LLC DBA: _____
(New Name) (New DBA if applicable)

☐ **Scope of Authority**

From: _____ To: _____
(Current Scope) (New Scope)

☐ **Passenger Limit**

From: _____ To: _____
(Current Limit Number) (New Limit Number)

Brian Badenock
Briannas Airport Shuttle
Name & DBA if DBA is applicable)

122 Tabbly Creek Circle
(Street and/or Mailing Address)

Summerville SC 29483
(City, State, Zip Code)

BWBad
(Signature)

843 270 0775
(Telephone Number)

BWBad owner
(Title) Owner, President, etc.

The State of South Carolina



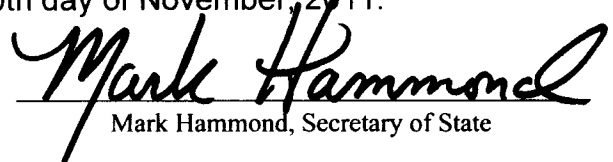
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MOST WANTED TRANSPORTATION LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 1st, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
10th day of November, 2011.


Mark Hammond, Secretary of State

NOV 09 2011

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

Mark Hammond **ARTICLES OF ORGANIZATION**
SECRETARY OF STATE OF SOUTH CAROLINA **LIMITED LIABILITY COMPANY**

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is Most Wanted Transportation LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

122 Tabby Creek Circle
Street Address
Summerville SC 29483
City Zip Code

3. The initial agent for service of process of the Limited Liability Company is

Brian Badenock BNB
Name Signature

and the street address in South Carolina for this initial agent for service of process is

122 Tabby Creek Circle
Street Address
Summerville SC 29483
City Zip Code

4. The name and address of each organizer is

(a) Brian Badenock
Name
122 Tabby Creek Cir Summerville
Street Address City
SC 29483 843 270 0775
State Zip Code

(b) _____
Name

Street Address City

State Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:



6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager.

(a) _____
Name

Street Address City

State Zip Code

(b) _____
Name

Street Address City

State Zip Code

(c) _____
Name

Street Address City

State Zip Code

(d) _____
Name

Street Address City

State Zip Code

(Add additional lines if necessary)

7. ☒ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

Brian Badenock is liable for all
debts and liabilities.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

1.1.12

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

B. N. Bal

Date

11-7-11

(Add Additional lines if necessary)

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.